

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m G</i>		2/4/00
O.I.P.E. CLASSIFIER	<i>AS</i>		2/19/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>Sh</i>	64830	4.11

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	11 3 8 2 22 03 14 11 e4
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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39	✓
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42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	2 16 64
51	✓
52	✓
53	✓
54	✓
55	✓
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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